

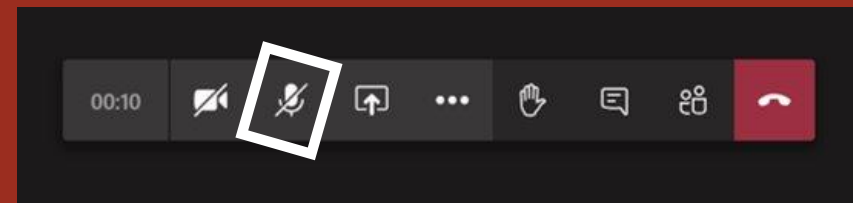


1915(i) Web System

This training will begin shortly.

Rev. 1/1/22

Everyone has been muted to reduce background noise.





1915(i) Web System

- Licenses for the 1915(i) Web System have been issued to each 1915(i) Zone Eligibility Worker.
 - For any user requests or changes, complete the SFN 428 County Security Request form.
- Viewing the system
 - Open the web system in Microsoft Edge or Google Chrome.
 - May need to change your zoom settings.
- The web system will display all member records regardless of which Zone created them. Any 1915(i) Zone Eligibility Worker can assist any member across the state.

Changes in SPACES

- The 1915(i) Web System does not communicate with SPACES and is an entirely separate system.
 - Any changes to a 1915(i) member made in SPACES must manually be entered into the 1915(i) Web System.
- Medicaid Zone Eligibility Workers will NOT have access to the 1915(i) Web System.
 - In some Zones, the Medicaid Eligibility Worker will be the 1915(i) Eligibility Worker. In others, this will not be the case.

Same Worker: If the Medicaid and 1915(i) Eligibility Worker is the same person, the worker will have to check the 1915(i) Web System any time changes are made in SPACES to see if the 1915(i) Web System needs to be updated.

Different Worker: If a Zone has two different Medicaid and 1915(i) Eligibility Workers, it's vital the Medicaid Worker communicates any Medicaid changes to the 1915(i) Worker to update the 1915(i) Web System. The Zone is responsible for establishing a communication plan between the two different workers.

- When any changes occur to a Medicaid member, the Medicaid Worker will need to check FES for a 1915(i) benefit plan and, if there is a 1915(i) plan open, inform the 1915(i) Worker to update the 1915(i) Web System with any changes relating to eligibility.

Background

- Eligibility for the 1915(i) must be determined through an independent evaluation.
- The State Medicaid Agency has delegated authority to conduct the required eligibility evaluations and reevaluations to the Human Service Zones.
- The 1915(i) Zone Eligibility Workers will determine whether individuals are eligible for the 1915(i) through the 1915(i) Web System.

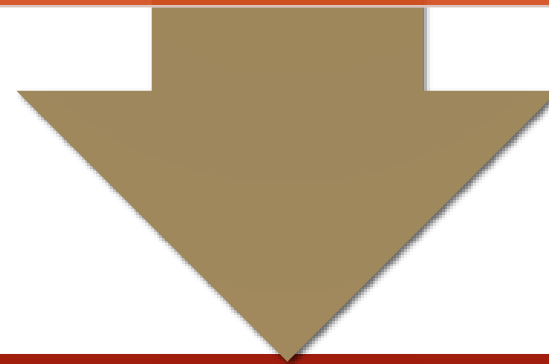
Eligibility Process

The SFN 741 1915(i) Eligibility Application serves as the official request for 1915(i) eligibility determination.

The Zone must complete the eligibility determination no later than five (5) business days after receiving the application.

SFN 741 1915(i) Eligibility Application

<https://www.nd.gov/eforms/Doc/sfn00741.pdf>



A request for eligibility determination can be made by either the individual or by an individual properly seeking services on behalf of another individual.



1915(i) ELIGIBILITY APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 741 (05-2021)

Clear Form

The North Dakota Medicaid 1915(i) State Plan Amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

To be approved for the 1915(i), individuals must:

- be currently enrolled in ND Medicaid or Medicaid Expansion; and
- have a household income which meets or falls below 150% of the Federal Poverty Level; and
- have a diagnosis of substance use disorder, mental illness, or brain injury; and
- receive a WHODAS score of 50 or above; and
- not reside in an institution.

This application must be completed and submitted to the Human Service Zone (formerly County Social Services) where eligibility will be determined. This application consists of several sections:

- Section 1: Applicant Information (completed by the applicant or parent/legal guardian)
- Section 2: Signatures (completed by the applicant or parent/legal guardian)
- Section 3: 1915(i) Diagnosis (completed by diagnosing professional)
- Section 4: WHODAS 2.0 Assessment (can be completed at the Human Service Zone or by an independent, trained and qualified WHODAS administrator)

See Pages 11-12 for detailed instructions on completion of this application.

Section 1: Applicant Information

Applicant Information			
Name (Last, First, MI)	Date of Birth	ND Medicaid ID Number	
Address	City	State	ZIP Code
Telephone Number			
Currently enrolled in ND Medicaid? If answered no, the applicant must first enroll in ND Medicaid before applying for the 1915(i). <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the individual have a household income which meets or falls below 150% of the Federal Poverty Level? The 150% FPL table can be found here or go to www.behavioralhealth.nd.gov/1915i . If answered no, the applicant is not eligible for the 1915(i). <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will reside in a setting meeting the federal home and community-based setting requirements. (The statute specifies that home and community-based settings do not include a nursing facility, institution for mental diseases, or an intermediate care facility for individuals with intellectual disabilities.) If answered no, the applicant is not eligible for the 1915(i). <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2: Signatures

Parent/Legal Guardian Information	
If the applicant has a parent/legal guardian acting on their behalf, complete the following section.	
Parent/Legal Guardian Name	
Address <input type="checkbox"/> Address same as applicant.	City State ZIP Code
Telephone Number	
Contact Information	
If an individual is referring or assisting the applicant in applying for the 1915(i), other than a parent/legal guardian, complete the following section.	
Name	Relationship or Role
Telephone Number	Email Address
1915(i) Eligibility Request	
After the application is complete, sign and date on the day this application is submitted to the Human Service Zone to request 1915(i) eligibility determination.	
Applicant or Parent/Legal Guardian Signature	Date Submitted
As the Human Service Zone 1915(i) Eligibility Worker, I verify this 1915(i) eligibility application was received on the date specified below. The Zone must complete the eligibility determination no later than five (5) business days from receipt of the application.	
Human Service Zone 1915(i) Eligibility Worker Signature	Date Received

Section 3: 1915(i) Diagnosis

The diagnosis section of this application must be completed by the diagnosing professional providing the applicant's diagnosis. The applicant, or individual properly seeking services on behalf of the applicant, must contact and request the diagnosing professional complete this section of the SFN 741.

Applicants must possess one or more of the qualified ICD-10 diagnoses approved for 1915(i) eligibility as identified on this application (Pages 5-10). Identify all qualifying diagnoses that apply. No other diagnoses codes may be used.

ICD-10 Diagnosis		
Identify the individual's ICD-10 diagnosis code(s) from the diagnosis list on Pages 5-10 of this application and enter the <u>exact</u> ICD-10 code(s) in the box(es) below.		
1. ICD-10 Code	2. ICD-10 Code	3. ICD-10 Code
Date of Applicant's Diagnosis		

Diagnosing Professional Information	
Name	Clinical Licensure
Telephone Number	Email Address
Signature	Date

Section 4: WHODAS 2.0 Assessment

The World Health Organization Disability Assessment Schedule (WHODAS) is the tool used for assessment of needs-based eligibility and is required as part of the 1915(i) eligibility determination process. The WHODAS assessment must be completed via a face-to-face interview or face-to-face interview by proxy if necessary.

Individuals completing this section must meet the requirements of an "independent, trained and qualified" administrator as defined by the State and must complete the WHODAS 2.0 User Agreement. If the diagnosing professional is not an "independent, trained and qualified" WHODAS administrator, please refer the applicant to a Human Service Zone for completion of the WHODAS assessment.

See the instruction guide on Page 12 of this application and visit www.behavioralhealth.nd.gov/1915i for links to the correct scoring sheet and specific instructions for completing the WHODAS assessment.

Overall Score	
Overall WHODAS 2.0 Complex Score	Date WHODAS 2.0 Assessment Administered

Domain	Score	Domain	Score
<u>Cognition</u> understanding & communicating		<u>Getting along</u> interacting with other people	
<u>Participation</u> joining in community activities		<u>Mobility</u> moving & getting around	
<u>Life activities</u> domestic responsibilities, leisure, work & school		<u>Self-care</u> hygiene, dressing, eating & staying alone	

☐ Attach a copy of the WHODAS 2.0 assessment and scoring sheet.

Qualified Administrator		
<input type="checkbox"/> I hereby verify that I am an independent agent and meet the criteria above for the definition of an independent, trained and qualified administrator.		
Name of Qualified WHODAS Administrator	Title	Agency
Telephone Number	Email Address	
Signature	Date	

1915(i) Eligibility Criteria

An applicant is eligible for the 1915(i) State Plan if all of the following criteria are met:

- Age 0+
- Recipient of Traditional Medicaid or Medicaid Expansion
- Federal Poverty Level is at 150% or below
- Qualified 1915(i) Behavioral Health Diagnosis
- Overall score of 25 or higher on the WHODAS 2.0 Assessment

At any point an individual doesn't meet one of the eligibility criteria, they are not eligible.